



PATIENT

Dexter Johnson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

10.37 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE

15290

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Losing weight and drinking excessively for the past 6-12 months. Normal appetite and energy level. Indoor/outdoor cat, so elimination habits are unknown. Slightly pale mucous membranes, and the left kidney palpates enlarged on exam. Primary Question/Differential to Be Answered in This Exam Evaluate kidneys and look for cause of weight loss.
Abnormal PE/Chem/CBC/UA Results: BUN 42, CRE 1.8, HCT 23, EOS 1,313, T4 0.5, USG 1.014

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Pinpoint to focal areas of medullary to pelvic mineral were noted. No pyelectasia was noted. The left kidney was enlarged in size compared to normal feline renal size, as well as compared to the right kidney, measuring 5.0 cm in length. The right kidney was normal in size and measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.83 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.

The small intestine presented intact wall layering with subjective primarily maintained 1:3 muscularis/mucosa ratio. Segmental propensity for subtly prominent segmental muscularis layer was noted with no evidence of intestinal masses or loss of intestinal wall layering. The jejunum wall measured 0.25 up to 0.28 cm width. No evidence of pathology at the level of the ileocolic junction, measuring 0.39 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left limb of the pancreas was mildly prominent in size with symmetrical contour and subtle to mildly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, overt lymphadenopathy, or evidence of peritoneal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic interstitial nephrosis renal pattern exhibiting nonobstructive medullary mineral, increased left kidney size
- Suspect chronic inflammatory enteropathy / IBD
- Low-grade to mild left pancreatitis pattern
- Minor urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of renal neoplastic criteria, which is considered a less likely differential diagnosis given the increased left kidney size. Further renal staging to include urine C/S if evidence of inflammatory sediment, as well as baseline UPC level is recommended. CKD therapy with monitoring of systemic BP and renal function going forward is recommended.

Although potential for patient variant, the small intestine exhibited subtle mural changes which are suggestive of chronic inflammatory enteropathy without evidence of intestinal infiltrative neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Triad Disease is considered a less likely differential diagnosis, given normal hepatic presentation and lack of hepatic enzyme



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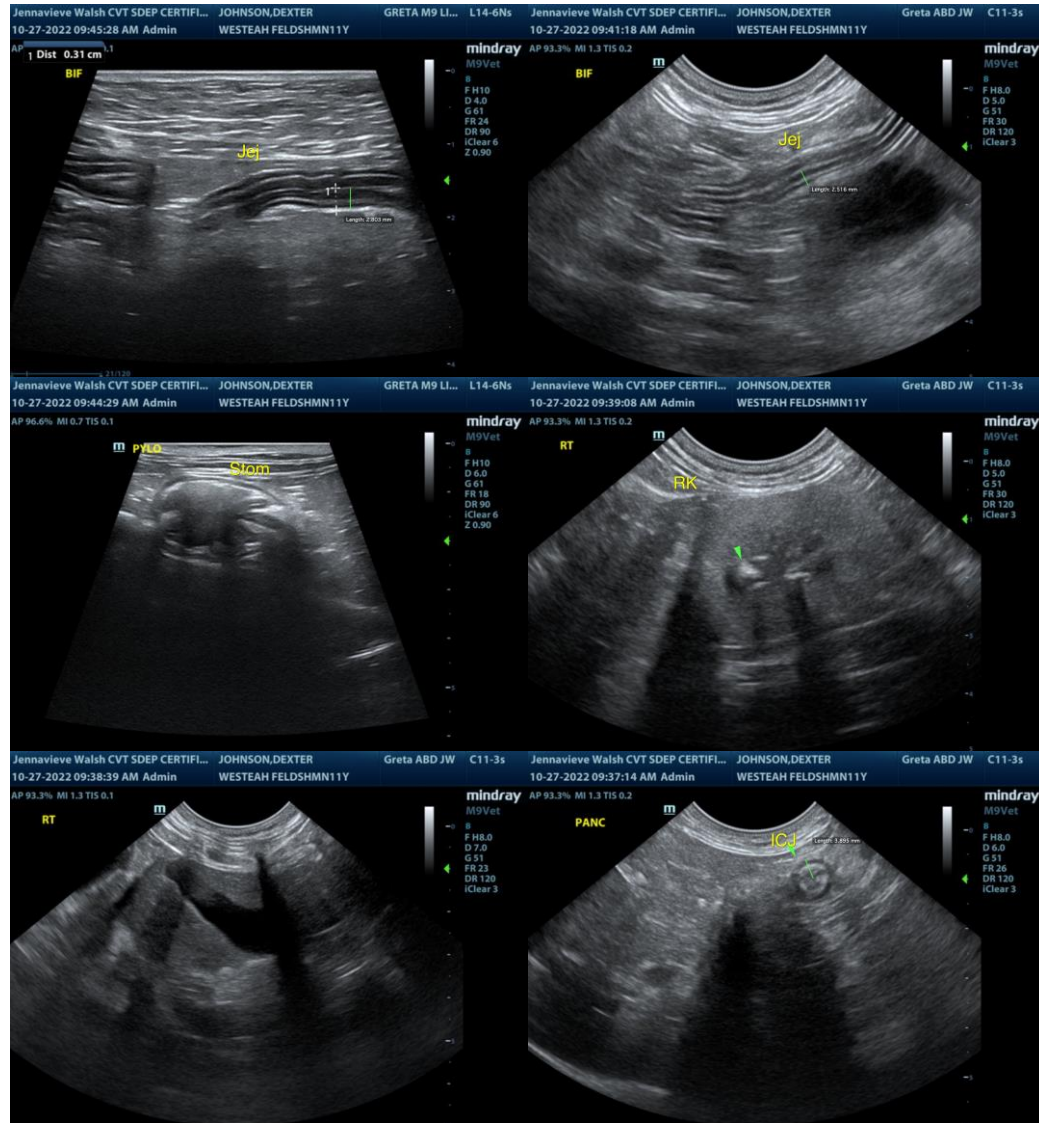
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elevation. Three-view chest radiographs may be considered to rule out occult thoracic pathology as a contributing factor to the weight loss.





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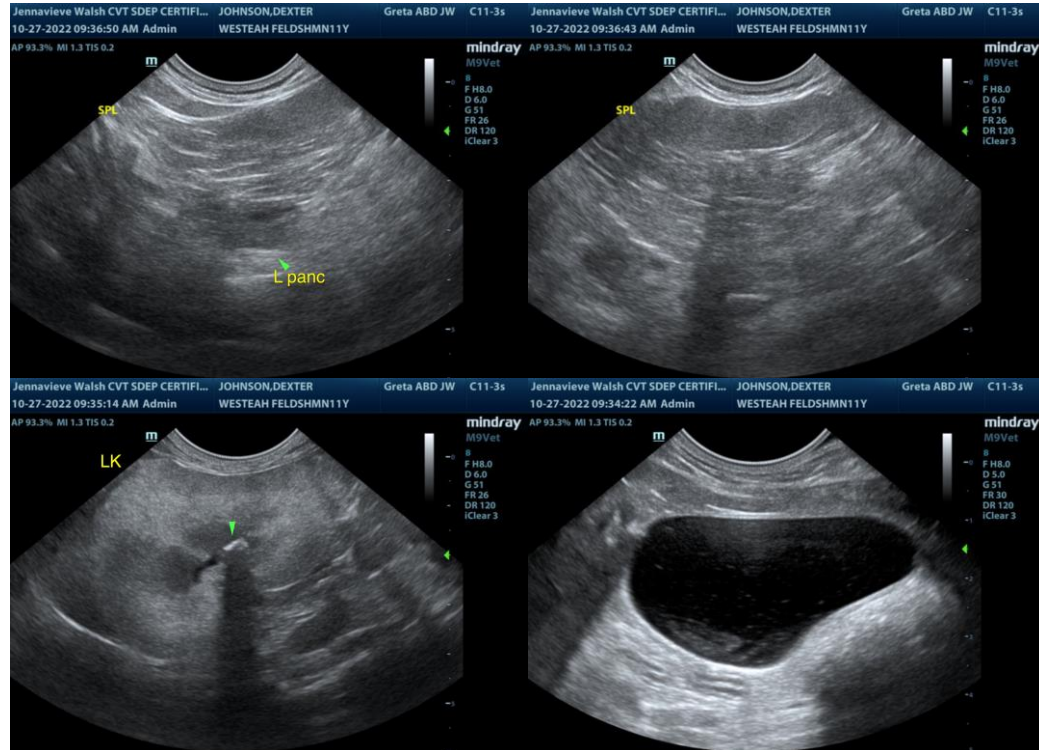
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com